

From: M. BURR KEIM CO

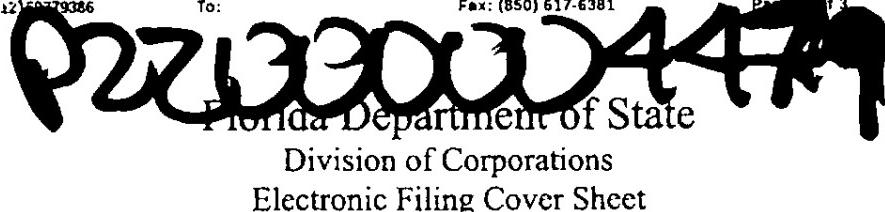
Fax: (215)977-9386

To:

Fax: (850) 617-6381

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

7/22 JUN 24 AM 8:27

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CHS LEON, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

From: M. BURR KEIM CO Fax: 12159779386

To:

Fax: (850) 617-6381

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

- The name of the corporation shall be: CHS LEON, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1385 BROADWAY, STE. 1005

NEW YORK, NY 10018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide personnel staffing services.

ARTICLE IV SHARES

The number of shares of stock is 200 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYER GOLDBERGER, PRESIDENT and SECRETARY

Address 1385 BROADWAY, STE. 1005

NEW YORK, NY 10018

2322 10:24 AM 8:27

Name and Title:

Address

Name and Title:

Address

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.

Address: 7901 4th Street N., Suite 300
St. Petersburg, FL 33702

2022.JUN.24 AM 8:27

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JAMES MATTEOTTI
Address: 180 PHILLIPS HILL RD.
STE. 3A, NEW CITY, NY 10956

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Bee Hause

1/24/2002

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

James Matteotti

01/20/2022

Required Signature/Incorporator

Date

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